

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
						CLAIMS		
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP
	IND	DEP	IND	DEP	IND	DEP		
1	1						51	
2		1					52	
3			1				53	
4				1			54	
5					1		55	
6						1	56	
7							57	
8							58	
9							59	
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11							61	
12							62	
13							63	
14							64	
15		1					65	
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44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1						TOTAL IND.	
TOTAL DEP.	14	↔	↔	↔	↔		TOTAL DEP.	↔
TOTAL CLAIMS	15	████████	████████	████████	████████		TOTAL CLAIMS	████████

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
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